ase refer to Section V. Line-by-Ine Instructions for Completing EPA Form 8700-12 before completing this form. The Information requested here is equired by law (Section 3010 of

## Notification of Regulated **Waste Activity**

Date Received (For Official Use Only)

OCT 3 0 2000 United States Environmental Protection Agency the Resource Conservation and Recovery Act). I. Installation's EPA ID Number (Mark 'X' in the appropriate box) C. Installation's EPA ID Number B. Subsequent Notification A. Initial Notification X 6 2 3 D 0 (Complete item C) II. Name of Installation (Include company and specific site name) D N U 0 RII Α III. Location of Installation (Physical address not P.O. Box or Route Number) Street up Late T Н W B A S H E N U E 0 U A 4 0 0 Street (Continued) State Zip Code City or Town E NT R II County Name County Code N R 0 IV. Installation Mailing Address (See Instructions) Street or P.O. Box State Zip Code City or Town V. Installation Contact (Person to be contacted regarding waste activities at site) (First) Name (Last) R 0 N M RAD HA Phone Number (Area Code and Number) Job Title E R N! V M A N VI. Installation Contact Address (See Instructions) A. Contact Address B. Street or P.O. Box Location X Zip Code State City or Town VII. Ownership (See Instructions) A. Name of Installation's Legal Owner E 0 ME R D Street, P.O. Box, or Route Number Ι E R C E N 5 0 0 T 0 W N State Zip Code City or Town 4 8 1 M E A R В 0 R NE D. Change of Owner Indicator C. Owner Type B. Land Type Phone Number (Area Code and Number) 0 5 0 0

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VIII. Type of Regulated Waste Activity (Marx X in the appropriate boxes. Relect to Instructions)  A. Hazardous Waste Activity  B. Used Oil Recycling Activities  a. Greater than 1000(kg/mol (2200 lba).  a. Greater than 1000(kg/mol (2200 lba).  b. 100 to 1000 kg/mol (2200 lba).  - Lass than 100 kg/mol (2200 lba).  - Hazardous Waste Fuel  b. Latter than 1000(kg/mol (2200 lba).  - Hazardous Waste Fuel  c. Lass than 100 kg/mol (2200 lba).  - Hazardous Waste Fuel  b. Dother Marketer  b. Marketer Who First Claims the Latter of the Marketer of			ID • Far Offici	al Use Only
A. Hazardous Waste Activity  B. Used Oil Recycling Activities  1. Generator (See Instructions)  3. Treater. Storer. Disposer (st. 1)  3. Greater than 100kg/mg (2,200 lbs.)  5. Lots than 100kg/mg (2,200 lbs.)  6. Lose than 100kg/mg (2,200 lbs.)  7. Transporter floadiset Mode in boxest in Instructions.  8. Generator Marketing Burnes  9. Seletw)  1. Disposer floadiset Mode in boxest in Instructions.  9. Event of Marketing Burnes  1. Seletw)  1. A For commercial purposes  1. Smeltor Deferrati  2. Event Marketing Burnes  1. Smeltor Deferrati  2. Small Quantity Exemption  1. LAI'  2. Fall Quantity Exemption  1. LAI'  2. Fall Quantity Exemption  1. LAI'  3. Highway  4. Water  5. Cinear specify  5. Understand Boiler  5. Cinear specify  5. Understand Injection Control  1. Land Control  2. Rail Control  3. Lindustrial Boiler  4. Water  5. Cinear specify  5. Understand Injection Control  1. Land Control  1. Land Control  2. Land Control  3. Lindustrial Boiler  4. Water  5. Cinear specify  6. Lindustrial Boiler  6. Lindustrial Boiler  7. Land Control  1. Land Control  1. Land Control  2. Land Control  3. Landstrial Furnace  4. Water  5. Cinear specify  6. Lindustrial Boiler  7. Land Control  8. Lindustrial Boiler  9. Lindustrial Boiler  1. Land Control  2. Land Control  3. Landstrial Boiler  4. Land Control  5. Cinear specify  6. Landstrial Boiler  9. Lindustrial Boiler  1. Landstrial Boiler  2. Landstrial Boiler  3. Landstrial Boiler  4. Land Control  5. Cinear specify  6. Landstrial Boiler  9. Landstrial Boiler  1. Landstrial Boiler  2				
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A. Greater than 100kg/mo (2.200 lbs.)		to deel note:		
D. Re-refine	a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220-2,200 lbs.) c: Less than 100 kg/mo (220 lbs) Transporter (Indicate Mode in boxes 1-5-below) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water	Installation) Note: A perr required for this activity Instructions.  4. Hazardous Waste Fuel a. Generator Marketing to B b. Other Marketers c. Boiler and/or Industrial Fu 1. Smelter Deferral 2. Small Quantity Exert Indicate Type of Combut Device(s) 3. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace	nit is a Marketer , see Dil to Off b. Marketer Used Oil urner 2. Used Oil Bu of Combust a. Utility Bo b. Industrial c. Industrial Jused Oil Tr Type(s) of C a. Transpor b. Transfer 4. Used Oil Pr Indicate Tyj	Directs Shipment of Used. Specification Burner Who First Claims the Meets the Specifications trner - Indicate Type(s) ton Device fler Boller Furnace ansporter - Indicate combustion Device(s) ter Facility ocessor/Re-refiner - pe(s) of Activity(les)
A. Characteristics of Nonlisted Hazardous Wastes. (Mark X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. See 40 CFR Parts 261.20 - 261.24)  1. Igniliable 2. Cornsalve 3. Reactive 4. Toxicity (List specific EPA hazardous waste number(s) for the Toxicity characteristic (poor) (p	IX. Description of Regulated Wastes (Use		☐ b. Re-refine	
A lightable (2. Corrosive and the content of the co	A. Characteristics of Nonlisted Hazardo	us Wastes. (Mark 'X' in the boxes of	corresponding to the charg	acteristics of
To ther Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)  X. Certification  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to easure that qualified personnel properly gather and evaluate the information submitted person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fall information, including the possibility of fine and imprisonment for knowing violations.  Signature  Name and Official Title (Type or print)  Date Signed  Wayne Fulghum, General Manager    E / 18 / EO	(D001) (D002) (D003) C	heracteristic contaminant(s))	D 0 0 3 D 0	42 .
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)  X. Certification  I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the Information submitted. Based on my Inquiry of the asystem who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fall information, including the possibility of fine and imprisonment for knowing violations.  Signature  Name and Official Title (Type or print)  Wayne Fulghum, General Manager  XI. Comments	T 2 F 0 0 3 F 0 0 5	3 4	5	12
X. Certification  I certify under pensity of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the association of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitting is, to the best of my knowledge and belief, true, securate, and complete. I am aware that there are significant penalties for submitting fall information, including the possibility of fine and imprisonment for knowling violations.  Signature  Name and Official Title (Type or print)  Date Signed  Wayne Fulghum, General Manager  18/18/00  XI. Comments	C. Other Wastes. (State or other wastes req	uiring a handler to have an I.D. numb	ner; See Instructions.)	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance will a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitting for the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fall information, including the possibility of fine and imprisonment for knowing violations.  Signature  Name and Official Title (Type or print)  Date Signed  Wayne Fulghum, General Manager  XI. Comments			5-	6
a system designed to assure that qualified personnel properly gather and evaluate the system, or those persons of recity responsible for gathering the information, the information submitting person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitting fail is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting fail information, including the possibility of fine and imprisonment for knowing violations.  Signature  Name and Official Title (Type or print)  Date Signed  Wayne Fulghum, General Manager  XI. Comments	X. Certification			
Wayne Fulghum, General Manager  18/18/80  XI. Comments	a system designed to assure that qualified per person or parsons who manage the system, or is to the best of my knowledge and helief, true	rsonnel property gather and evaluate to those persons directly responsible fo s, accurate, and complete. I am aware and imprisonment for knowing violati	r gathering the information that there are significant peons.	, the information submitted nattles for submitting false
XI. Comments	Signature			Date Signed
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Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)	XI. Comments			
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	Note: Mail completed form to the appropriate	EPA Regional or State Office. (See	Section III of the booklet fo	or addresses.)



2400 South Wabash Ave., Centralia, IL 62801, Phone (618) 545-5241, Fax (618) 532-8490

Oct. 17, 2000

Mr. James Pierce Illinois Environmental Protection Agency Bureau of Land P.O. Box 19276 2200 Churchill Road Springfield, Illinois 62794-9276

OCT 3 0 2000

PROGRAM MANAGEMENT BRANCH
Waste, Pesticides & Toxics Division
U.S. EPA — REGION 5

Dear Mr. Pierce:

Please find attached Form 8700-12, depicting that Cambridge Industries has sold the industry located at 2400 South Wabash Ave., Centralia, Illinois to Meridian Automotive Systems, Inc. The effective date of the sale was July 14, 2000. The new owner's corporate office is located at 500 Town Center Drive, Dearborn, Michigan 48126.

Thank you for your assistance, if you need any additional information please contact, Ron Bradham, Environmental Manager, at 618-545-5241.

Sincerely,

Wayne Fulghum

Location Manager

Meridian Automotive Systems, Inc.

RECEIVED

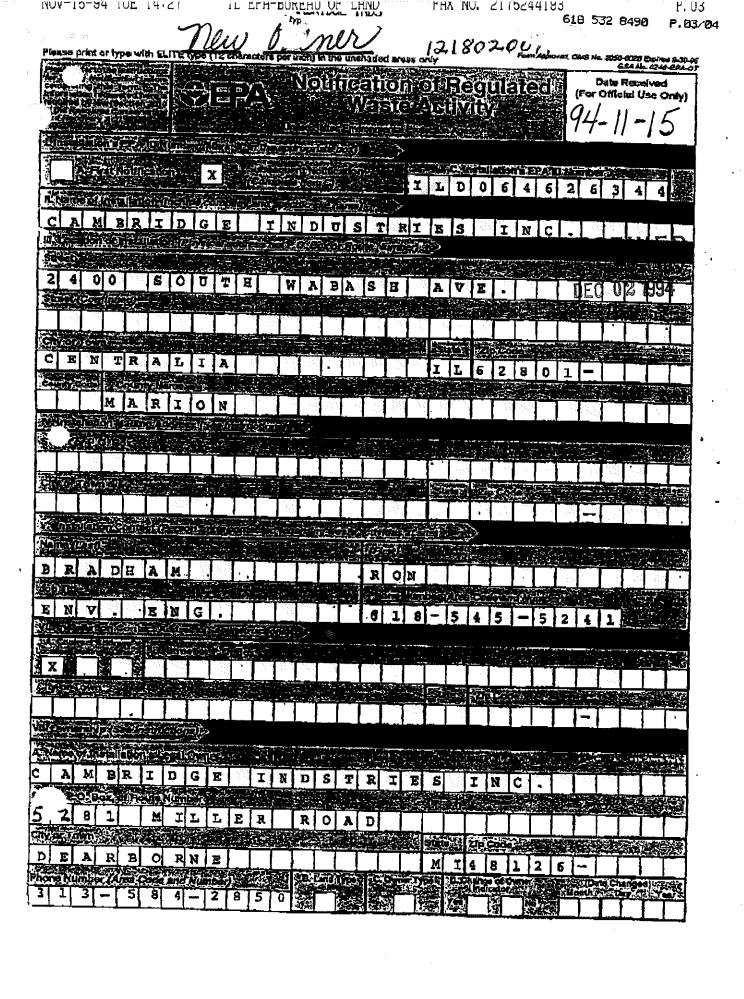
DEC 0 7 2000

RCRA RECURDS ROUM
Waste, Pesticides & Toxics Division
U. S. EPA—RECIDIN 5

RECEIVED

OCT 2 4 2000

IEPA-DLPC



I carrify under penalty of law that this document and all structures were prepared under my direction or supervision in accordance with a system designed to assume that qualified personnel property gether and evaluate the information automitted. Based on my inquiry of the person best of my knowledge and bester, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and bester, true, according and complete. I am every that there are significant penalties for submitting false information.

Signature

Name and Official Title (Type or print)

Date Signod

Larry W. Garretson, General Manager

Note: Mali completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Form 8700-12 (Rev. 11-30-93) Provious edition is obsolete.

NOV-15-94 TUE 14:27 IL EPA-BUREAU OF LAND FAX NO. 21/5244193 F.03/04 Please print or type with ELITE type (12 characters per until) in the unchaded areas only Volification of Feduration Date Received Wester Desirating (For Official Use Only) Y L D 0 6 4 6 2 6 3 4 4 INDUSTRIES INC. WABASH AVE. ENTRALIA I L 6 2 8 0 1 -MARIO E TO A Liber BRADHAM RON ENV.ENG. 6 1 8 - 5 4 5 A M BR I D G E INDSTRIES INC MILLER ROAD DEARBORNE M 148126Please print or type with ELITE type (12.

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SERVE IDENTIFICATION STREET VIII Type of Regulated Waste Activity The Contract Contra Clarife translocol (Constitution of Constitution of Constituti ACCOMPLETE AT A LINE I Learned and a commerce of A. Characteristics of Nonlisted Hazardous Wastes. (Mark X in the boxes corresponding to the characteristics of nonlisted housedous wastes your installation bandles; See 40 CFR Parts 261.20 - 261.24) D0 3 5 D 0 C 3 D 0 B. Listed Hazardous Wastes. (See 40 CFH 251.31 - 33; See Instructions if you need to list more than 12 (State of other wastes requising a familier to have an LD, number; See instructions.) ostify under pensity of law that this document and all attentments were prepared under my direction of supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information automated. Based on my inquiry of the person or persons the hanege the system, or those persons directly responsible for gathering the information, the information submitted is, to the bast of my knowledge and belief, true, accurate, and computes, law every that there are algorithms penalties for submitting false information, including the penalties for submitting false information. Signature Name and Official Title (Type or print) Date Signed larry W. Garretson, General Manager Note: Mali completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.) 

EPA Form 8700-12 (Rev. 11-30-93) Provious edition is obsolete.



P.O.Box 19276 2200 Churchill Road Springfield, IL. 62794-9276

# DATE: //- 15-94 FAX TIME: PLEASE DELIVER THESE 4 PAGES, INCLUDING THIS COVER PAGE TO: NAME: 4 L S L S L S P R FIRM OF LOCATION: COMPANY PHONE NUMBER: FAX NUMBER: FROM: 1 M PIFICE MEMO:

IF YOU DID NOT RECEIVE ALL OF THE PAGES OR PAGES ARE ILLEGIBLE, PLEASE CONTACT US AT ONE OF THE FOLLOWING NUMBERS AS SOON AS POSSIBLE.

OUR TELECOPIER NUMBER IS (217) 524-4193 OPERATOR'S PHONE NUMBER IS (217) 524-4648

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P. 02 P. 01/04

MAGNAFAX MESSAGE/CAMBRIDGE IN	DUSTRIES INC
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Cambridge Industries, Inc.	FOV 1 5 1994
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### ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	•	ILD064626344	REACKNOWLE	DGEMENT
		ROCKWELL INTERNATI PO BOX 588 CENTRALIA	ONAL	62801
INSTALLATION ADDRESS		4002 INDUSTRIAL PA	RK	62801

EPA Form 8700-12B (4-80)

09/28/81

EPA Form 8700-12 (6-80)

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			RDOUS WASTES. Mar 40 CFR Parts 261.21 —		esponding to the charac	teristics of non-listed	
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II DO 6 46 3 63 44

Plastics Division 4002 Industrial Park P.O. Box 588 Centralia, IL 62801



Stone

(FACILITY CLOSED)

(618) 532-1871

March 28, 1984

TLD 064 626 344

G, TSD, PA

Environmental Protection Agency 117 West Main Street Collinville, Illinois 62234

Attn: Mr. Kenneth G. Mensing:

Dear Mr. Mensing,

As I discussed with you on the phone on Tuesday, 3/27/84, we verify that this facility will no longer require a storage permit as all hazardous waste will be properly shipped for disposal within 90 days of generation. We therefore withdraw the Part A Permit Application for this location.

I would like to stress that our facility will continue to be a generator of hazardous waste. We will continue our operation as we have in the past with the exception that we will not store our waste over 90 days.

Sincerely,

Richard Lovett

Chief Ind. Engineer

m/

cc: Valdas Adamkus

EPA Region 5 Regional Adm.

230 S. Dearborn St.

14th Floor

Chicago, IL 60604

RECEIVED

WASTE MANAGEMENT BRANCH

Attach.

Mr. Bill Miner RCRA Activities Part B Permit Application U.S.E.P.A. Region P.O. Box A 3587 Chicago, IL 60690-3587

Mr. Rama K. Chaturvedi RCRA Unit Permit Section Division of Land Pollution Control Illinois Environmental Protection Agency 2200 Churchill Road Springfield, IL 62706

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H. PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR R DESC INCLUDE DESIGN CAPACITY.

R DESCRIBING OTHER PROCESSES (code "T04

OR EACH PROCESS ENTERED HERE

T\$7	DESCRIPTION	OF	<b>HAZARDOUS WASTES</b>
1 Y .	DESCRIPTION.	U.	HAZARDOOD HIBIDD

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE CODE
POUNDS		KILOGRAMSK
TONS.	T	METRIC TONS

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

### D. PROCESSES

04:00%

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

To indicate now the waste will be stored, destroy, desposed of a till confidence in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	A. E	EPA			דואט											D. PROCESSES
Zó	HAZ WAST		QUANTITY OF WASTE	S (e	MEA URE enter ode)		,		1. F		CES (en	ss c ter)	ODE	5		2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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V. FACILITY DRAWING				
All existing facilities must include in the space provided on page 5 a sca	ale drawing of the facility (see instru	actions for more detai	III. F6: A/5	55
VI PHOTOGRAPHS				
All existing facilities must include photographs (aerial or ground	nd-level) that clearly delineate	all existing structu	ires; existing store	age, /5/
treatment and disposal areas; and sites of future storage, treati	ment or disposal areas (see IIIst	luctions for more	letail). F6: A	/ 140
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VII. SIC CODES (4-digit, in order of priority)	and the second second second second
A. FIRST	B. SECOND
C 3 0 7 3 (specify) GLASS FIBER REINFORCED PLASTICS 7 3 0 7 5 (specify)	PLASTIC AUTO PARTS
C. THIRD  C       (specify)	D. FOURTH
7 3 0 7 0 PLASTIC PRODUCTS 7	
VIII. OPERATOR INFORMATION	P. Josh and P. Links
A. NAME  8 ROCKWELL INTERNATIONAL	B. Is the name listed in Item VIII-A also the owner?  X YES NO 66
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)	D. PHONE (area code & no.)
F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) PRIVATE  P = PRIVATE	A 4 1 2 5 6 5 2 0 0 0
E. STREET OR P.O. BOX	
6 Ø Ø G R A N T S T R E E T	
F. CITY OR TOWN G.STATE H. ZIP CO	
B PITTSBURGH PA 1521	Is the facility located on Indian lands?  YES NO
15 16 - 40 41 42 47 -	51
X. EXISTING ENVIRONMENTAL PERMITS  A. NPDES (Discharges to Surface Water)  D. PSD (Air Emissions from Proposed Sources)	
A. NPDES (Discharges to Surface Water)  D. PSD (Air Emissions from Proposed Sources)  1	
B. UIC (Underground Injection of Fluids) E. OTHER (specify)	
9 U	specify) SEE ATTACHED SUPPLEMENT
15 16 17 18 - 30 15 16 17 18 - 30 C. RCRA (Hazardous Wastes) E. OTHER (specify)	
CTI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	pecify)
9   R   9   9   15   16   17   18   30   15   16   17   18   30	SEE ATTACHED SUPPLEMENT
XI. MAP	
Attach to this application a topographic map of the area extending to at least one mile beyond the outline of the facility, the location of each of its existing and proposed intake and dischart treatment, storage, or disposal facilities, and each well where it injects fluids underground. In water bodies in the map area. See instructions for precise requirements.	ge structures, each of its hazardous waste
XII. NATURE OF BUSINESS (provide a brief description)	
Rockwell International Plastics Division Centralia Plan facility. Products made at this facility are compressi reinforced plastic parts for the automotive industry.	
F9: 4/51	
도 TOP : 12. PROSE - 프라이크 아랫동안 마루마션 모든 그들은 10 전략은 아이들에게 모습니다.	
XIII. CERTIFICATION (see instructions)	
I certify under penalty of law that I have personally examined and am familiar with the inform attachments and that, based on my inquiry of those persons immediately responsible for observation, I believe that the information is true, accurate and complete. I am aware that the false information, including the possibility of fine and imprisonment.	ptaining the information contained in the
A. NAME & OFFICIAL TITLE (type or print) B. SIGNATURE	C. DATE SIGNED
Robert F. Swift - Division Vice Pres. &	11/13/0
General Manager	1, 3/3.
COMMENTS FOR OFFICIAL USE ONLY	
C	
PA Form 3510-1 (6-80) REVERSE	55]

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Continued from the front.		
III. PROCESSES (continued)		
C. SPACE FOR ADDITIONAL PROCESS CODES OR FO INCLUDE DESIGN CAPACITY.	R DESCRIEING OTHER PROCESSES (code "T04")	FOR EACH PROCESS ENTERED HERE

### IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE	METRIC UNIT OF MEASURE CODE
POUNDSP	KILOGRAMSK
TONS	METRIC TONSM

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual

quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.

3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

	1				C. UNIT			D. PROCESSES											
	M	IA	ST		D. NO de)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	SURE (enter code)		enter				1. PROCESS CODES (enter)					s	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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X-2	1	D	0	0	2	400		P		T	0	3	L	) 8	3 (	0			
X-3	1	0	0	0	1	100		P		T	0	3	L	) 8	3 1	0			
X-4	1	D	0	0	2														included with above

Form Approved OMB No. 158-S80004

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A. EPA HAZARD. WASTENO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	II S	UNIT MEA URE enter ode)		1. PROCE:	SS CODES		2. PROCESS DESCRIPTION (if a code is not entered in D(1))		
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23 - 2 EPA Form 3510-3	6 27 - 3	5	36	27 - 26	27 - 29	27 - 29	27 - 29	CONTINUE ON REVER		

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### SUPPLEMENT TO FORM I

ROCKWELL INTERNATIONAL

CENTRALIA, ILLINOIS EPA I.D. NO. ILD064626344

### ITEM X. EXISTING ENVIRONMENTAL PERMITS

E .	OTHER

<sup>\*</sup> A.P.C. - Air Pollution Control

Form Approved OMB No. 158-R0175 ( ) -in areas are spaced for elite type, i.e., 12 ch ers/inch). U.S. ENVIRONMENTAL PROTECTION AGENCY FORM I. EPA I.D. NUMBER GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) 462634 GENERAL GENERAL INSTRUCTIONS If a preprinted label has been provided, affix EPA I.D. NUMBE it in the designated space. Review the inform-ILD064626344 ation carefully; if any of it is incorrect, cross through it and enter the correct data in the FACILITY NAME appropriate fill—in area below. Also, if any of the preprinted data is absent (the area to the ROCKWELL INTERNATIONAL CORP left of the label space lists the information that should appear), please provide it in the proper fill—in area(s) below. If the label is PO BOX 588 ADDRESS CENTRALIA, ·IL 62801 complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all INDUSTRIAL FARK HWY 51 items if no label has been provided. Refer to 62801 CEMTRALIA, IL LOCATION the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. MARK 'X' MARK'X SPECIFIC QUESTIONS FORM SPECIFIC QUESTIONS YES NO B. Does or will this facility (either existing or proposed) A. Is this facility a publicly owned treatment works include a concentrated animal feeding operation or which results in a discharge to waters of the U.S.? X aquatic animal production facility which results in a X (FORM 2A) discharge to waters of the U.S.? (FORM 2B) 17 20 C. Is this a facility which currently results in discharges D. Is this a proposed facility (other than those described X X to waters of the U.S. other than those described in in A or B above) which will result in a discharge to A or B above? (FORM 2C) waters of the U.S.? (FORM 2D) 22 23 25 26 F. Do you or will you inject at this facility industrial or E. Does or will this facility treat, store, or dispose of municipal effluent below the lowermost stratum con-X X hazardous wastes? (FORM 3) taining, within one quarter mile of the well bore, underground sources of drinking water? (FORM'4) 32 G. Do you or will you inject at this facility any produced H. Do you or will you inject at this facility fluids for spewater or other fluids which are brought to the surface cial processes such as mining of sulfur by the Frasch in connection with conventional oil or natural gas pro-X process, solution mining of minerals, in situ combusduction, inject fluids used for enhanced recovery of X oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) tion of fossil fuel, or recovery of geothermal energy? (FORM 4) 35 Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the in-Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the structions and which will potentially emit 100 tons instructions and which will potentially emit 250 tons X X per year of any air pollutant regulated under the per year of any air pollutant regulated under the Clean Clean Air Act and may affect or be located in an Air Act and may affect or be located in an attainment attainment area? (FORM 5) area? (FORM 5) III. NAME OF FACILITY PLASTIC ROCKWELL INTERNATIONAL IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.) 8 RDROJECT E NG RICA V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 D. ZIP CODE B. CITY OR TOWN 6 Ι L VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME ARION C. CITY OR TOWN E. ZIP CODE 2 8 ENTRALIA CONTINUE ON REVERSE EPA Form 3510-1 (6-80)

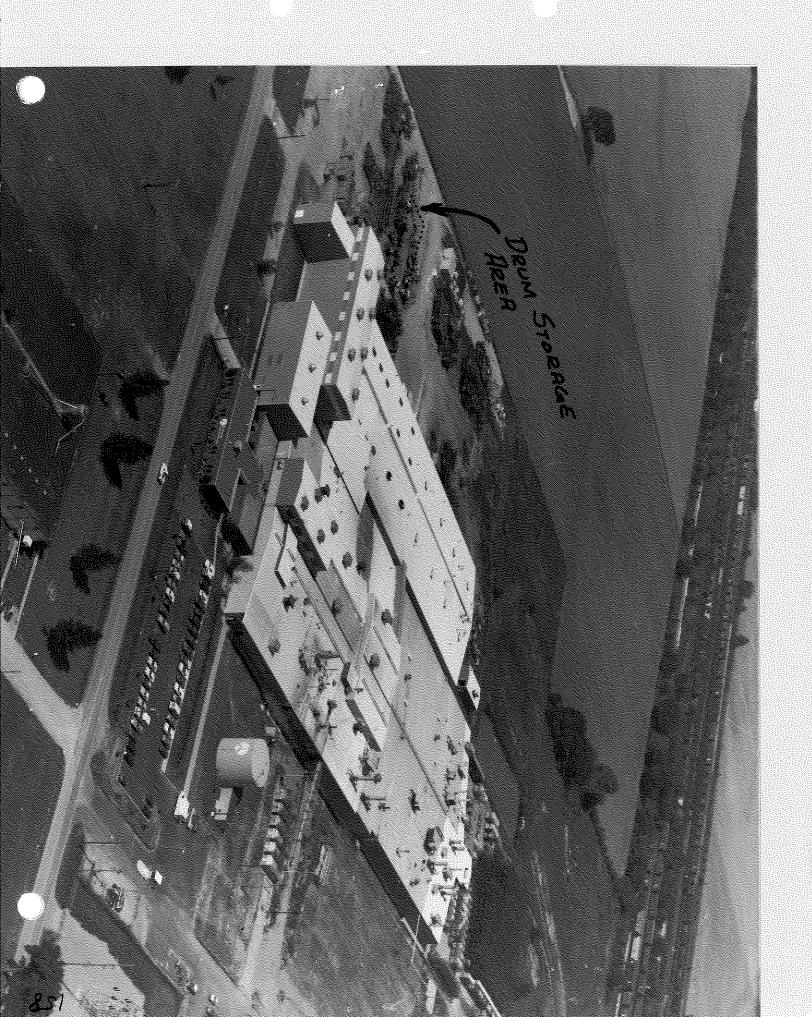
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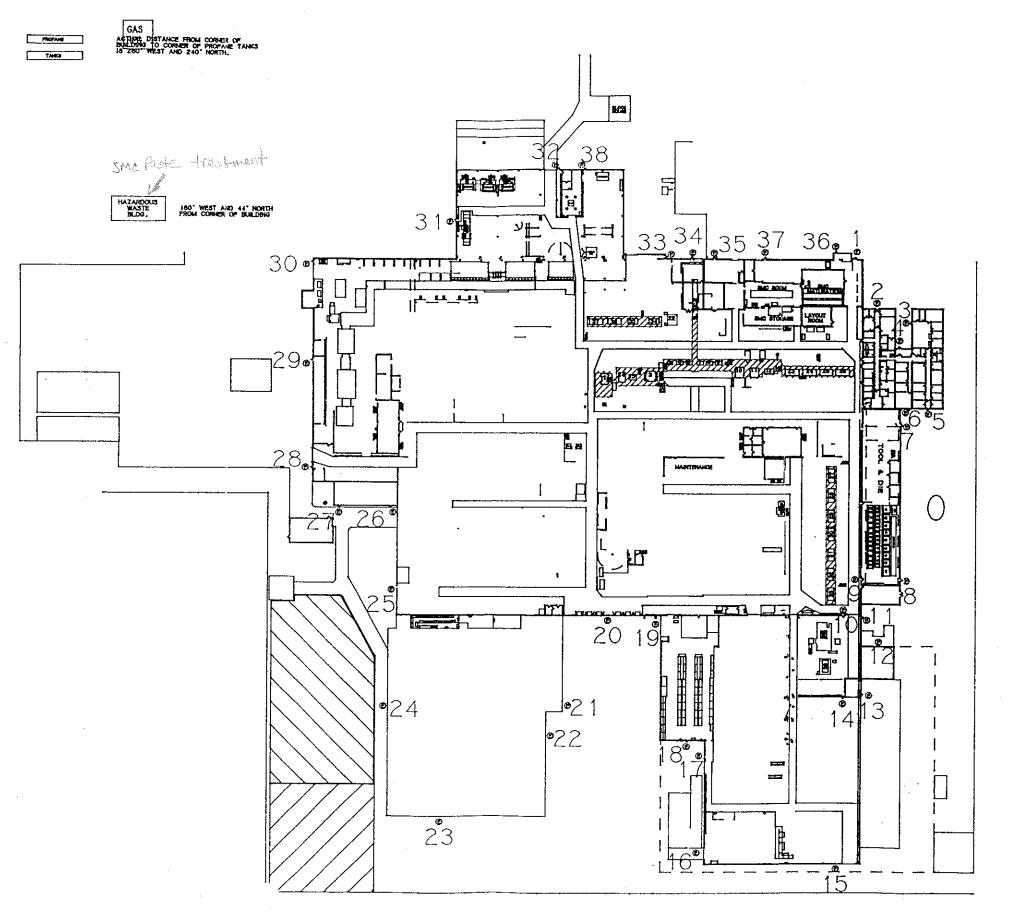
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			/ED				COMMENTS	
	-	23	<b>.</b>	24 - 29				
				n the appropriate box		ark one hox only! to inc	licate whether this is the first a	application you are submitting for your facility or a
revi EP,	sed \ J.	ap D. I	olica Vum	ition. If this is your fir iber in Item I above.	st application and y	ou already know your f	acility's EPA I.D. Number, or	if this is a revised application, enter your facility's
м.				isting facility ( $S$	ee instructions for a Complete item below	definition of "existing"    -	facility.	2.NEW FACILITY (Complete item below.)  FOR NEW FACILITIES, PROVIDE THE DATE
8 15	H	6 73	74	Ø 3 Ø 1 (use ti	PATION BEGAN OF the boxes to the left,		UCTION COMMENCED	YR. MO. DAY (yr., mo., & day) OPERA- TION BEGAN OR IS EXPECTED TO BEGIN
8.				O APPLICATION (p) CILITY HAS INTERI		ind complete Item I abo	ve)	2. FACILITY HAS A RCRA PERMIT
Ш	PI	RO	CES	SSES – CODES ANI	D DESIGN CAPA	CITIES		
В,	ente desi PRO	erir crib OC AN	ig co e th ESS IOUI	des, If more lines are in e process (including its DESIGN CAPACITY - NT — Enter the amoun	needed, enter the co design capacity) in - For each code ent t.	ode <i>(s)</i> in the space provi the space provided on t ered in column A enter	ded. If a process will be used the form (Item III-C). the capacity of the process.	be used at the facility. Ten lines are provided for that is not included in the list of codes below, then
	2.	UN	IT C	OF MEASURE - For ea	ach amount entered	in column B(1), enter the listed below should be	the code from the list of unit rused.	neasure codes below that describes the unit of
						IATE UNITS OF	하는 하는 사용하다 수 있다. 1987년 - 1985년 1일	PRO- APPROPRIATE UNITS OF CESS MEASURE FOR PROCESS
						N CAPACITY	PROCESS	CESS MEASURE FOR PROCESS CODE DESIGN CAPACITY
c	ON AN	TA		R (barrel, drum, etc.)	S01 GALLONS S02 GALLONS	OR LITERS OR LITERS	Treatment:	T01 GALLONS PER DAY OR
W	AS	TE	PILI		S03 CUBIC YAS	RDS OR FERS	SURFACE IMPOUNDMEN	LITERS PER DAY
	ispo			MPOUNDMENT	S04 GALLONS	OR LITERS	INCINERATOR	T03 TONS PER HOUR OR  METRIC TONS PER HOUR; GALLONS PER HOUR OR
٠٥	AN CE	DF DAN	PPL DIS	WELL  ICATION  POSAL	D80 ACRE-FEE would cover depth of on HECTARE-D81 ACRES OR D82 GALLONS LITERS PE	METER HECTARES PER DAY OR R DAY	OTHER (Use for physical, c thermal or biological treatm processes not occurring in to surface impoundments or in ators. Describe the processe the space provided; Item II.	LITERS PER HOUR chemical, T04 GALLONS PER DAY OR ent LITERS PER DAY anks, ciner- ss in
5	UR	FA	CE II	MPOUNDMENT	UNIT OF	OR LITERS	UNIT OF	
U	ŅIT	τо	ΕMI	EASURE	MEASURE CODE	UNIT OF MEASURE	MEASURE	UNIT OF MEASURE CODE
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C	UBI	(C )	YAR MET	ERS	Y C	METRIC TONS PER GALLONS PER HOU	HOURW	HECTARE-METER. F ACRES. B HECTARES Q
EX	ΑM	PL	E FC	OR COMPLETING ITE	M III (shown in line	LITERS PER HOUR numbers X-1 and X-2	belowl: A facility has two sto	orage tanks, one tank can hold 200 gallons and the
oth	erc	an	hold	i 400 gallons. The facil	lity also has an incir	nerator that can burn up	to 20 gallons per hour.	
<u>C</u>	2			DUP	3 1			
jîr Li	A	. PI		B. PROCESS	DESIGN CAPAC	ITY FOR	H. A. PRO-	OCESS DESIGN CAPACITY
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Communed from page 2. NOTE: Photocopy this page before completing if you	ve more than 26 wastes to list.	Form Approved OMB No. 158-S80004
EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ON	T/ACI \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
W I L D Ø 6 4 6 2 6 3 4 4 3 1		3 2 DUP \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
A. EPA  Li (HAZARD.) B. ESTIMATED ANNUAL	C.UNIT D.	PROCESSES
ZO WASTENO QUANTITY OF WASTE	SURE (enter 1. PROCESS CODES code) (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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IV. DESCRIPTION OF HAZARDOUS WASTING	continued)			
E. USE THIS SPACE TO LIST ADDITIONA	OCESS CODES FROM IT	EM D(1) UN PAG	•	
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EPA I.D. NO. (enter from page 1)				
5 7/A C				
FILDØ6462634436				
V. FACILITY DRAWING				
All existing facilities must include in the space provided	on page 5 a scale drawing of t	the facility <i>(see instructions t</i>	or more detail). FG: A /55	
VI. PHOTOGRAPHS				
All existing facilities must include photographs (a	erial or ground—level) the	at clearly delineate all exi	sting structures; existing storag	e, Blatte H
treatment and disposal areas; and sites of future s	storage, treatment or dispo	osal areas (see instruction	s for more detail). F6:A/S	56
VII. FACILITY GEOGRAPHIC LOCATION				
LATITUDE (degrees, minutes, & secq.	nds)	LONGITUDE	(degrees, minutes, & seconds)	14. (4. A. L. A. )
3 8 2 9 4 4 0		in the first look e	9   8   5   8	
65 66 67 58 69 71		77 -	74 75 76 77 - 79	
VIII, FACILITY OWNER				
A. If the facility owner is also the facility operator	as listed in Section VIII on F	orm 1, "General Information	", place an "X" in the box to the l	eft and
skip to Section IX below.				
B. If the facility owner is not the facility operator	as listed in Section VIII on F	orm 1, complete the following	ng items:	
		Approximate the second	2. PHONE NO. (area	aada & no l
	CILITY'S LEGAL OWNER		2. PHONE NO. (area)	Cone a no.)
E				
15 16			55 56 - 58 59 - 61 5. ST. 6. ZIP CO	62 - 6
3. STREET OR P.O. BOX		LCITY OR TOWN	3.31.	
F	G			
15 16	45 15 16		40 41 62 47	.51
IX. OWNER CERTIFICATION			automitted in this and all attac	had
I certify under penalty of law that I have persona documents, and that based on my inquiry of tho	ally examined and am fam ea individuals immediately	Illar With the Information responsible for obtainin	a the information. I believe tha	t the
submitted information is true, accurate, and com	se marviodais immediately colete. I am aware that the	ere are significant penaltic	es for submitting false informat	ion,
including the possibility of fine and imprisonmen	<b>π.</b>			
and the second of the second o	B. SIGNATURE		C. DATE SIGNED	
Robert F. Swift - Division Vice		` /. 1	11/13/0	
Pres. & General Mg	r. R.bul F	المعاليح.	10/13/60	
X, OPERATOR CERTIFICATION				
I certify under penalty of law that I have persona	ally avamined and am for	iliar with the information	n submitted in this and all attac	hed
I certify under penalty of law that I have personal documents, and that based on my inquiry of tho	any examineu ana am ian sa individuals immediatel	v responsible for obtainir	g the information, I believe that	t the
submitted information is true, accurate, and com	plete. I am aware that the	ere are significant penalti	es for submitting false informat	ion,
including the possibility of fine and imprisonmen	7t.			
A. NAME (print or type)	B. SIC NATURE	A STATE OF THE STA	C. DATE SIGNED	
		•		
Z			CONTINU	E ON PAGE

Continued from the front.





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### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form IC -- Identification and Certification

Instructions for this form found on pages 6-11

This form must be completed for the location shown on the above label. If you need additional forms for other locations, call IEPA.

SECTION 1. GENERATOR STATUS  A 31	
B. Reason for not generating (Check all that apply)  32	
SECTION 2. ENTER THE SIC CODE(S) FOR THIS LOCATION  40 3 7 1 4 4 5 52 52 52 52 52 52 52 52 52 52 52 52 5	
A. 56   RCRA regulated (permitted or interim status) storage  B. 57   RCRA permitted or interim status treatment, disposal, or recycling  C. 58   Treatment, disposal, or recycling exempt from RCRA permit requirements  SECTION 4. WASTE MINIMIZATION ACTIVITY DURING THE REPORTING YEAR. (Only LQGs are required either complete Section IV or submit detailed waste minimization description (see page 3).)  A. 59   Y   Does your facility have a waste minimization plan or organized approach to investigate source reduction and recycling opportunities? Enter Y for Yes (Continue to Question B) or N for No (Skip to Question C)  B. Enter Y (Yes) for all activities that describe your waste minimization program.  a. 60   N   Set a waste minimization goal  b. 61   Y   Use team approach for planning  c. 62   Y   Provide employee training  d. 63   Y   Left y fypes and amounts of waste generated by various processes and their causes  e. 64   Y    Assess total costs of waste management  f. 65   N   Prioritize waste minimization options based on costs, benefits and feasibility  g. 66   Y    Periodically update the program and re-evaluate options  h. 67   Y    Encourage employees to offer waste minimization suggestions  i. 68   N    Incorporate waste minimization into procurement, marketing and product development activities  j. 69   Other (describe in comments box)  C. What kind of incentives would you like to see developed to help promote more source reduction activity at your facility? Enter Y (Yes) for all that apply.  a. 70   Tax incentives  f. 75   Employee training  b. 71   Loan assistance for equipment  c. 72    Compliance flexibility  h. 77    Expedited permit review  l. 78    On-site technical assistance  D. Would you like to receive information on waste minimization? Enter Y (Yes) for information requested.  a. 79    Y    Regulatory compliance assistance  D. Would you like to receive information on waste minimization? Enter Y (Yes) for information or educing waste  D. 79    Y	
complete Section IV or submit detailed waste minimization description (see page 3).)  A. 59 \( \) Does your facility have a waste minimization plan or organized approach to investigate source reduction and recycling opportunities? Enter Y for Yes (Continue to Question B) or N for No (Skip to Question C)  B. Enter Y (Yes) for all activities that describe your waste minimization program.  a. 60 \( \) Set a waste minimization goal  b. 61 \( \) Use team approach for planning  c. 62 \( \) Provide employee training  d. 63 \( \) Identify types and amounts of waste generated by various processes and their causes  e. 64 \( \) Assess total costs of waste management  f. 65 \( \) Prioritize waste minimization options based on costs, benefits and feasibility  g. 66 \( \) Periodically update the program and re-evaluate options  h. 67 \( \) Encourage employees to offer waste minimization suggestions  i. 68 \( \) Incorporate waste minimization into procurement, marketing and product development activities  j. 69 \( \) Other (describe in comments box)  C. What kind of incentives would you like to see developed to help promote more source reduction activity at your facility? Enter Y (Yes) for all that apply.  a. 70 \( \) Tax incentives  f. 75 \( \) Employee training  b. 71 \( \) Loan assistance for equipment  g. 76 \( \) R&D assistance  c. 74 \( \) Regulatory compliance flexibility  h. 77 \( \) Expedited permit review  d. 73 \( \) On-site technical assistance  D. Would you like to receive information on waste minimization? Enter Y (Yes) for information requested.  a. 79 \( \) General information necket on how to develop a plan for eliminating or reducing waste  b. 80 \( \) Fact sheet on industry or process-specific source reduction options  On-site technical consultation	
facility? Enter Y (Yes) for all that apply.  a. 70 \( \sum \) Tax incentives  b. 71 \( \sum \) Loan assistance for equipment  c. 72 \( \sum \) Compliance flexibility  d. 73 \( \sum \) On-site technical assistance  e. 74 \( \sum \) Regulatory compliance assistance  D. Would you like to receive information on waste minimization? Enter Y (Yes) for information requested.  a. 79 \( \sum \) General information packet on how to develop a plan for eliminating or reducing waste  b. 80 \( \sum \) Fact sheet on industry or process-specific source reduction options  c. 81 \( \sum \) On-site technical consultation	on
<ul> <li>a. 79 Y General information packet on how to develop a plan for eliminating or reducing waste</li> <li>b. 80 Y Fact sheet on industry or process-specific source reduction options</li> <li>c. 81 On-site technical consultation</li> </ul>	
W. VE HILOUINGOOD ON TAKES COMMISSIONED WITH THE PERSON OF THE PERS	
Comments: 83 Enter Y (Yes) if you have comments regarding this page and attach extra sheet.  Section 5. The Environmental Protection Agency is authorized to require this information under the Illinois Compiled Statutes ("ILCS"), 1994 as amended, Chapter 415 ILCS 5/4 and 21. Disclosure of this information is required. Failure to disclose this information may result in civil and criminal penalties pursuant to 415 ILCS 5/42 and 44. This form has been approved by the Forms Management Center.  Certification: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted inform is true, accurate and complete. I am aware that there are significant penalities for submitting false information, including the possibility of fine and imprisonment.  A. Please print: Last Name	riminai ed information

CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

# ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM – Generation and Management

Instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Resin Solution, Tank Unloading R+D, Smc Priduction  B. EPA Hazardous Waste Code: D. C. C.
B. EPA Hazardous Waste Code: <u>\$ 0 0   35 35 39 43 43 47 47 47 47 47 47 47 47 47 47 47 47 47 </u>
D. Origin Code: / System type: M E. Source Code: A5 / A58 A 665
4
H. Radioactive mixed: 2
J. CAS numbers: 1
F. Point of Measurement:
SECTION 2. QUANTITY GENERATED
A. UOM: 10 Density 8.61 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: State of Lagrange Road  Smrthfield, KY 40068  B. U.S. EPA ID No. of facility waste was shipped to:  KYD 053348108
C. System type shipped to: MOGL / D. Off-site availability code: /
E. Total quantity shipped in this reporting year:
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility: 1403 5. N. Hwy 58  Kingsville, mo 64061  B. U.S. EPA ID No. of facility waste was shipped to:  m o D 9 8 0 9 6 2 8 4 9
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: MOGO D. Off-site availability code: 1
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?   Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u>
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
CONNECTION A / Enter V (Ven) if you have comments recogning this page and ottach outre phoet. Page A A A A A A

CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

Instructions for this form found on pages 12-27.

appropriate of the form found on pages 12.21.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Kesin Solution Tank Unloading L+D Smc Pao duction  B. EPA Hazardous Waste Code: Dool 35 35 39 43 47
C. SIC code: $\frac{3714}{5100}$
D. Origin Code: 45 / A58 A
F. Point of Measurement: 4 G. Waste form code: B2/2
F. Point of Measurement: $\frac{1}{100}$ G. Waste form code: $\frac{1}{100}$ $\frac{1}{100}$ H. Radioactive mixed: $\frac{2}{100}$ I. TRI Constituent: $\frac{3}{100}$
J. CAS numbers: 1
J. CAS numbers: 1. 74 / 0 0 - 4 2 - 5 2. 84 3. 92 3. 92
SECTION 2. QUANTITY GENERATED  A. UOM: / Density 8.6/ (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 3. Name and address of facility: ADDIAN ENVIRONMENTAL SYC (RELOYERY)  RAYNE, LA 70578  RAYNE, LA 70578
B. U.S. EPA ID No. of facility waste was shipped to: $\frac{1}{173} \frac{A}{D} \frac{O}{O} \frac{79464095}{173}$
C. System type shipped to: M O L D. Off-site availability code: 189
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W, W, W, W, W, W, C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0.0.0.3

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CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

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### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

Instructions for this form found on pages 12-27.

insudctions for this form found on pages 12-21.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Resin Solution Off Spec Smc Paste  B. EPA Hazardous Waste Code: 500 / 35 39 43 47 47
C. SIC code: 3_7_1_4
D. Origin Code: _/_ System type: M E. Source Code: A 5 7 A A
H. Radioactive mixed: 🔏 " I. TRI Constituent: 🌊 "
F. Point of Measurement: 4  H. Radioactive mixed: 3  J. CAS numbers: 1. 100-42-5 2. 84 2 3. 92 2 3. 92 2 5. 108
4. 100 5. 108
SECTION 2. QUANTITY GENERATED A. UOM: / Density <u>/ 2. 乏 3</u> (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
Quantity generated in: B. Previous reporting year:  C. Current reporting year:  121
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\bigvee_{141}$ Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: Syro Lagrange Food  Smithfield, KY 4006.8  B. U.S. EPA ID No. of facility waste was shipped to:  C. System type shipped to: MO 6 / D. Off-site availability code: 189  E. Total quantity shipped in this reporting year:  B. U.S. EPA ID No. of facility waste was shipped to:  C. System type shipped to: MO 6 / D. Off-site availability code: 190  SITE 2. Name and address of facility:  B. U.S. EPA ID No. of facility waste was shipped to:  C. System type shipped to: MO 6 / D. Off-site availability code: 200  E. Total quantity shipped in this reporting year: 200  E. Total quantity shipped in this reporting year: 200  SITE 2. Name and address of facility waste was shipped to: 200  C. System type shipped to: MO 6 / D. Off-site availability code: 215
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W , W , W , W , W C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE
A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)  B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: MEnter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0004

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ILLINOIS Environmental Profesion Agency 1996 Hazardous Waste Report Form GM — Generation and Management

Instructions for this form found on pages 12-27.

A. Waste Description: Waste Kasin Solution Smc Paste Spills  B. EPA Hazardous Waste Code: 500/ 35 39 43 47 47
D. SIC code: ファクトゲ
D. Origin Code: <u>2</u> System type: M E. Source Code: A 5 3 A 5 / A
D. Origin Code: System type: M E. Source Code: A 5 3 A 5 / A
1. Radioactive mixed: 4 1. TRI Constituent: $\frac{3}{75}$
1. CAS numbers: 1
1. Radioactive mixed: 3. 1. TRI Constituent: 3. 1. CAS numbers: 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
SECTION 2. QUANTITY GENERATED  A. UOM:  To Density  To
Quantity generated in: B. Previous reporting year: 1540.0
C. Current reporting year: 495.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated reatment, recycling, or disposal units at this location? $\bigvee_{141} Y = Yes$ (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  Safety Hue Corp  Safety Hue Corp  TTZ  Safety Hue Corp  Smithfield, KY 40068  B. U.S. EPA ID No. of facility waste was shipped to:  KY D 0 5 3 3 4 8 1 0 8
SITE 1. Name and address of facility: 300 Lagrange Road
B. U.S. EPA ID No. of facility waste was shipped to: <u>KYD053348108</u>
C. System type shipped to: M. D. Le / D. Off-site availability code: 173
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility: 1550x Waste Manu general Services, Fro.
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility:   14735.W. Hory 58  Kingsnile No. of facility waste was shipped to:  100 0 980 96 28 49
C. System type shipped to: MOGO D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?   Y = Yes (Cont to Box B) N = No (Cont to Section 5)  Activity: W, W, W, W, W, W, W, W, W, W
3. Activity: W, W, W, W, W, W, C. Other Effects? (Y = Yes, N = No)
B. Activity: W , W , W , W , 231 , W , 237 , W , 240 , W , 243    C. Other Effects? (Y = Yes, N = No) , 246    D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE
A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)  B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
272  Quantity stored at year end and for 90 days or more, generated this reporting year:
2/3
Quantity stored at year and that was generated prior to this reporting year:  COMMENTS: Note: 1

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## **ILLINOIS Environmental Protection Agency** 1996 Hazardous Waste Report

Form GM - Generation and Management

Instructions for this form found on pages 12-21.
A. Waste Description: Weste Icesin Solution, Son C. Pasle Spills  B. EPA Hazardous Waste Code: 100 / 35 39 43 47 47
C. SIC code: $\frac{3714}{517}$
D. Origin Code: 2 System type: M E. Source Code: AJ 3 AS / A Source Code: AJ 3 AS / AS
F. Point of Measurement: $\frac{1}{88}$ G. Waste form code: $\frac{B}{70} \frac{403}{2}$
H. Radioactive mixed: 2
J. CAS numbers: 1
J. CAS numbers: 1. 14 100-42-55 2. 84
SECTION 2. QUANTITY GENERATED  A. UOM:   Density   (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? $\frac{Y}{W^2}$ Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  LATINAM ENTRON MENTAL SYC (RECOVERY)  2029 BAYOU PLANISHINE ROAD  RAYNER A 70578
B. U.S. EPA ID No. of facility waste was shipped to:  \[ \frac{1}{173} \frac{A}{173} \frac{D}{173} \frac{7}{9} \frac{4}{6} \frac{4}{0} \frac{9}{5} \frac{5}{5} \]
C. System type shipped to: MO 6 1 D. Off-site availability code: 189
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W, W, W, W, W, W C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page O _ O _ O _ O _ O _ O _ O _ O _ O

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# ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM — Generation and Management

Instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Resin Solution, Smc July Debris Linees etc.  B. EPA Hazardous Waste Code: \$\frac{1}{31} \frac{1}{35} \frac{1}{35} \frac{1}{35} \frac{1}{39} \frac{1}{43} \frac{1}{47} \f
C. SIC code: 3714
D. Origin Code: 51 System type: M E. Source Code: A5 / A53 A92  F. Point of Measurement: 4 G. Waste form code: B40 6
F. Point of Measurement: 1 G. Waste form code: B 4 0 6
H. Radioactive mixed: 2
J. CAS numbers: 1
H. Radioactive mixed: 2 I. TRI Constituent: 3 II. TRI Consti
SECTION 2. QUANTITY GENERATED  A. UOM: / Density / 3.5 / (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year: 121 121 121 121 121 121 121 121 121 12
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\frac{\mathcal{N}}{141}$ Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF-SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? $Y = Y = Y = S$ (Continue to Site 1) $N = No$ (Skip to Section 4)  SITE 1. Name and address of facility: $Safety fleen loop Road$ B. U.S. EPA ID No. of facility waste was shipped to: $KY > D = S$
C. System type shipped to: M Ø 6 / D. Off-site availability code: /
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility:   ### Som How Services, Fire   ### Angle of the properties of the p
C. System type shipped to: M Ø 6 / D. Off-site availability code: /
E. Total quantity shipped in this reporting year: 385.0
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?   Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> . (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE
A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)  B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: 1/ Enter V (Vec) if you have comments regarding this page and attach extra sheet. Page (2.0.0.2.7)

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# ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM — Generation and Management

auctions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Kesin Solution Smc Debn's Linux, etc.  B. EPA Hazardous Waste Code: Do 0 1 35 35 43 43 47 47
C. SIC code: $\frac{37/4}{517}$
±
F. Point of Measurement: 4 G. Waste form code: B406
H. Radioactive mixed: 2
J. CAS numbers: 1
D. Origin Code:
SECTION 2. QUANTITY GENERATED  A. UOM: / Density / 2.5/ (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year?   Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:   2039 Bayer Plaguenine Road  Rayler HA 70578
B. U.S. EPA ID No. of facility waste was shipped to: 4 D O 7 9 4 6 4 0 9 5
C. System type shipped to: $M O 6 1$ D. Off-site availability code: $\frac{1}{180}$
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:  E. Total quantity shipped in this reporting year:
217
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: $\frac{W}{228}$ , $\frac{W}{231}$ , $\frac{W}{234}$ , $\frac{W}{237}$ , $\frac{W}{240}$ , $\frac{W}{243}$ C. Other Effects? (Y = Yes, N = No) $\frac{W}{246}$
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page $\frac{\mathcal{O}}{13}$ $\frac{\mathcal{O}}{293}$

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CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

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### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

instructions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION  A. Waste Description: Maske Di Rasic Esten - Cleaning Liquids  B. EPA Hazardous Waste Code: Foo3 Dool 39 43 47 47
B. EPA Hazardous Waste Code. $\frac{7}{31} \frac{5}{5} \frac{5}{5$
D. Origin Code: 51 System type: M E. Source Code: A 9 4 A 9 A 9
F. Point of Measurement: 6 G. Waste form code: B263
H. Radioactive mixed: 2
J. CAS numbers: 1
H. Radioactive mixed: 2 I. TRI Constituent: 3 I. J. CAS numbers: 1. 75 2. 84
SECTION 2. QUANTITY GENERATED  A. UOM:   Density 7. 26 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
Quantity generated in: B. Previous reporting year: 7535.0  C. Current reporting year: 6220.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\frac{1}{141}$ Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: Safety there do 172  3700 talgrange flood  B. U.S. EPA ID No. of facility waste was shipped to: EYD 053348/08
SITE 1. Name and address of facility: Safety theen don's
P. U.S. EDA ID No. of facility waste was shipped to: FXD 153348108
C. System type chipped to: M.A. (c. / D. Off cite availability code: /
C. System type shipped to: MOG/D. Off-site availability code: / 189
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility: 748 3 Sur Huy 58 Management Services, Fuc.
Kingsrille II n 100001
B. U.S. EPA ID No. of facility waste was shipped to: no Day 10 Da
C. System type shipped to: MODE D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: $\frac{W}{228}$ , $\frac{W}{231}$ , $\frac{W}{234}$ , $\frac{W}{237}$ , $\frac{W}{240}$ , $\frac{W}{243}$ C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities: 258
SECTION 5. REGULATED STORAGE  A Did this arts after DCBA wanter 00 days or more and then phis it off site (to site shows in Section 3)? (V=Vec N=Ne)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
273
Quantity stored at year end that was generated prior to this reporting year:  COMMENTS: 1/293 Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0 0 0 9

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### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM — Generation and Management

ructions for this form found on pages 12-27.

Adduction that form to and one pages to 2.1.
A. Waste Description: Waste Di Basic Esten - Cheaning Liquids  B. EPA Hazardous Waste Code: FOO3 DOO1  39  43  47  47  47  47  47  47  47  47  47
C. SIC code: 31/14
D. Origin Code: 55 / System type: M E. Source Code: AO 4 AO 9 A/9  E. Point of Measurement: / G. Waste form code: B 2 G 3
F. Point of Measurement: G. Waste form code: B 2 6 3
H. Radioactive mixed: 2 I. TRI Constituent: 3
J. CAS numbers: 1
4. 100 — 5. 108 —
D. Origin Code: 5 System type: M E. Source Code: A 9 4 A 9 A 9 A 9  F. Point of Measurement: 5 G. Waste form code: B 2 6 3  H. Radioactive mixed: 1 I. TRI Constituent: 3 II. TRI Constituent: 3 III. TRI Constit
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? TY = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  B. U.S. EPA ID No. of facility waste was shipped to:  C. System type shipped to:  MOG/D. D. Off-site availability code:  E. Total quantity shipped in this reporting year:  B. U.S. EPA ID No. of facility:  B. U.S. EPA ID No. of facility waste was shipped to:  C. System type shipped to:  D. Off-site availability code:  E. Total quantity shipped in this reporting year:  D. Off-site availability code:  E. Total quantity shipped in this reporting year:  D. Off-site availability code:  E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? $\frac{1}{227}$ Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: $\frac{W}{228} = \frac{W}{231} = \frac{W}{234} = \frac{W}{237} = \frac{W}{240} = \frac{W}{243} = \frac{W}{243} = \frac{W}{243} = \frac{W}{246} = W$
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities: 258
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page O O /_ O O /_ O O /_ O O /_ O O O /_ O O /_ O_

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ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

Instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Mineral Spirits   Alcohol - Contaminated Mold Release
B. EPA Hazardous Waste Code: DOO ( 35 39 43 47 47
C. SIC code: $\frac{37/4}{51}$
D. Origin Code: 55 / System type: M E. Source Code: A 09 A A A 66
F. Point of Measurement: 선명 G. Waste form code: 명원 0 조
H. Radioactive mixed: 4
J. CAS numbers: 1
J. CAS numbers: 1. 76 2. 84 3. 92 4. 100 5. 108 5.
SECTION 2. QUANTITY GENERATED  A. UOM: Density (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: 330.0
C. Current reporting year: 330.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\frac{1}{141}$ Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: From the second of the standard of the second of th
B. U.S. EPA ID No. of facility waste was shipped to: $\frac{KYD053348108}{173}$
C. System type shipped to: MOG/L D. Off-site availability code: 189
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility:   SITE 2. Name and address of facility:   SITE 3. Was le Mangement Services, Fax.  SITE 4. Name and address of facility:   SITE 4. Name and address of facility:   SITE 5. O  SITE 7. O  SITE 9. Name and address of facility:   SITE 1. Name and address of facility:   SITE 2. Name and address of facility:   SITE 2. Name and address of facility:   SITE 3. O  SITE 3. O  SITE 4. Name and address of facility:   SITE 4. Name and address of facility:   SITE 5. O  SITE 6. Name and address of facility:   SITE 7. O  SITE 9. Name and address of facility:   SITE 9. O  SITE 9. Name and address of facility:   SITE 9. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to: 10 0 0 9 8 0 9 6 2 8 4 9
C. System type shipped to: MOLO D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W , W , W , W , W , W , W C. Other Effects? (Y = Yes, N = No)
B. Activity: W , W , W , W , W , 231 , W , 237 , W , 240 , W , 243    D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 200 / /

ILD 064 626 344 121 80200 1 CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

### **ILLINOIS Environmental Protection Agency** 1996 Hazardous Waste Report

Form GM -- Generation and Management

Instructions for this form found on pages 12-27

msuggeons for the form found on pages 12.21,
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Weste Acetone - Brower Seamfill & Miscellaneous Cleaning  B. EPA Hazardous Waste Code: Food 3 5001 5035 Fool
C SIC code: 3714
D. Origin Code: System type: M E. Source Code: A/9 A A A A A A A A A A A A A A A A A A
F. Point of Measurement: 4 G. Waste form code: 8 4 5 3
H. Radioactive mixed:
J. CAS numbers: 1 2 8 - 2 3 - 3 2 3 3
H. Radioactive mixed: 2 I. TRI Constituent: 3 75  J. CAS numbers: 1. 75 2 2. 2. 3. 92 3. 92 5. 108 5. 108
SECTION 2. QUANTITY GENERATED  A. UOM: 116 Density 6 6 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year: 990.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $X = Y = Y = Y = Y = Y = Y = Y = Y = Y = $
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
A. Was any of this waste shipped off site this reporting year? $Y = Yes$ (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: 3700 language food  Smithfield, $EY = Yes$ (Continue to Site 1) N = No (Skip to Section 4)  B. U.S. EPA ID No. of facility waste was shipped to: $EY = Yes$ (Continue to Site 1) N = No (Skip to Section 4) $EY = Yes$ (Continue to Site 1) N = No (Skip to Section 4)  Site 1. Name and address of facility: $EY = Yes$ (Continue to Site 1) N = No (Skip to Section 4)  Site 1. Name and address of facility: $EY = Yes$ (Continue to Site 1) N = No (Skip to Section 4)
C. System type shipped to: MO 6 1 D. Off-site availability code: 189
E. Total quantity shipped in this reporting year: 490.0
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility:  1483 Sw flow 58  Lingsrille, mo 64061  B. U.S. EPA ID No. of facility waste was shipped to:  1889 1.8 PA ID No. of facility waste wa
C. System type shipped to: M O 6 1 D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?   Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Acuvity. vv, vv
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities: 258
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: U Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0.00 / 2

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CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

62801

### **ILLINOIS Environmental Protection Agency** 1996 Hazardous Waste Report Form GM -- Generation and Management

Instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Hectone - Bronco Seamfill & Miscellaneous Creak  B. EPA Hazardous Waste Code: FOO 3 DOO 1 DO 35 FOO 1 47
B. EPA Hazaidous vvasie Code. For San Book As For Annual A
C. SIC code: $\frac{3}{51}\frac{7/4}{}$
D. Origin Code: 51 / System type: M E. Source Code: A / 9 A A A
F. Point of Measurement: $\frac{1}{100}$ G. Waste form code: $\frac{B 203}{100}$
H. Radioactive mixed: 2
H. Radioactive mixed: 2 I. TRI Constituent: 3 II. TRI Constituent: 3 III. TRI Constituent: 3 II. TRI Constituent
4. 100
SECTION 2. QUANTITY GENERATED  A. UOM: / Density 6.6 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: 2029 Barou Plaquencine Plant  Payne, LA 70578  B. U.S. EPA ID No. of facility waste was shipped to: LA DO 19464095
C. System type shipped to: MOGO D. Off-site availability code: 489
F. Total quantity shipped in this reporting year:
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M. D. Off-site availability code:
E. Total quantity shipped in this reporting year:
217
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> ,
D. How many new waste minimization activities were implemented in this reporting year for this waste?(Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page $\frac{000/3}{13}$

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# ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

instructions for this form found on pages 12-27.

ECTION 1. WASTE DESCRIPTION  Waste Description: Waste New Private Paint Related Material — Brows 5 Virgor Line Flus 6  EPA Hazardous Waste Code: \$\frac{1}{20.05} \times \frac{1}{20.05} \times \frac{1}{20.05
E. Source Code: $\frac{3}{51} \frac{7}{4} \frac{4}{50}$ D. Origin Code: $\frac{3}{51} \frac{7}{4} \frac{4}{50}$ D. Point of Measurement: $\frac{7}{50}$ G. Waste form code: $\frac{8}{50} \frac{9}{4} \frac{3}{2} \frac{7}{4} \frac{4}{50}$ I. TRI Constituent: $\frac{3}{75}$ I. TRI Constituent: $\frac{3}{75}$ CAS numbers: 1. $\frac{7}{10} \frac{9}{10} \frac{3}{10} \frac{3}{10} \frac{2}{10}$ E. CAS numbers: 1. $\frac{7}{10} \frac{9}{10} \frac{3}{10} \frac{2}{10} \frac{3}{10} \frac{2}{10}$ E. QUANTITY GENERATED D. UOM: $\frac{7}{10} \frac{9}{10} \frac{9}{10} \frac{3}{10} \frac{2}{10} \frac{9}{10} \frac{9}{10$
E. Source Code: A 9 A 2 / A 8 System type: M G. Waste form code: B 2 9 A 8 System type: M G. Waste form code: B 2 9 A 8 System type: M G. Waste form code: B 2 9 A 8 System type: M G. Waste form code: B 2 9 A 8 System type: M G. CAS numbers: 1.  1. TRI Constituent: 3 System type: M G. Waste form code: B 2 9 A 8 System type: M G. CAS numbers: 1.  1. TRI Constituent: 3 System type: M G. CAS numbers: 1.  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  1. TRI Constituent: 3 System type: M G. Casme unit and density must be used for all quantities on this page).  2. Type: M G. Casme unit and density must be used for all quantities on this page).  2. Type: M G. Casme unit and density must be used for all quantities on this page).  2. Type: M G. Casme unit and density must be used for all quantities on this page).  3. Trial quantity shipped for ste this reporting year: 1.  3. Trial quantity shipped for ste this reporting year: 1.  3. Trial quantity shipped for 1.  3. Trial quantity shipp
G. Waste form code: B 2 0 9  I. TRI Constituent: 37  CAS numbers: 1. 76 28 93 - 32  4. 100 5. 108  ECTION 2. QUANTITY GENERATED  LUOM: 71 Density 77 2. 32 (Same unit and density must be used for all quantities on this page).  Ruantity generated in: B. Previous reporting year: 22 5 0  C. Current reporting year: 37 2 4 5 5 0  O. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated eatment, recycling, or disposal units at this location? 37 Y = Yes (continue to system 1) N = No (skip to section 3)  On-Site System 1: System Type M Status 180 Quantity managed on-site this year: 182  CECTION 3. OFF-SITE SHIPMENT  Was any of this waste shipped off site this reporting year? 183  B. U.S. EPA ID No. of facility waste was shipped to: 384  C. System type shipped in this reporting year: 183  ESTE 2. Name and address of facility: 183  B. U.S. EPA ID No. of facility waste was shipped to: 183  B. U.S. EPA ID No. of facility waste was shipped to: 183  B. U.S. EPA ID No. of facility waste was shipped to: 183  B. U.S. EPA ID No. of facility waste was shipped to: 183  B. U.S. EPA ID No. of facility waste was shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  C. System type shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  C. System type shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  B. U.S. EPA ID No. of facility waste waste shipped to: 183  B. U.S. EPA ID No. of facility waste waste part of the same and address of facility: 183  B. U.S. EPA ID No. of facility waste waste part of the same and address of facility: 183  B. U.S. EPA ID No. of facility waste was shipped to: 183  B. U.S. EPA ID No. of facility waste waste part of the same and address of facility: 183
I. TRI Constituent: 3/15  CAS numbers: 1. 76  1. 8-93-32  1. TRI Constituent: 3/15  1. TRI Constituent: 4/15  1. TRI Const
A CAS numbers: 1.
ECTION 2. QUANTITY GENERATED  LUOM: 10 Density 12 3 (Same unit and density must be used for all quantities on this page).  Ruantity generated in: B. Previous reporting year: 121 5 5 0 0 0  C. Current reporting year: 121 2 5 5 0  C. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated reatment, recycling, or disposal units at this location? 12 Y = Yes (continue to system 1) N = No (skip to section 3)  On-Site System 1: System Type M Status Quantity managed on-site this year: 147  On-Site System 2: System Type M Status Quantity managed on-site this year: 167  On-Site System 2: System Type M Status Quantity managed on-site this year: 167  On-Site System 3: System Type M Status Quantity managed on-site this year: 177  On-Site System 2: System Type M Status Quantity managed on-site this year: 177  On-Site System 3: System Type M Status Quantity managed on-site this year: 177  On-Site System 3: System 1994  On-Site System 4: System 1994  On-Site System 5: System 1994  On-Site 1: Name and address of facility: 1885  E. Total quantity shipped in this reporting year: 1885  On-Site 2: Name and address of facility: 1885  On-Site 2: Name and address of facility: 1885  On-Site 3: System 1994  On-Site 3: System 1994  On-Site 4: On-Site 3: System 1994  On-Site 3: On-Si
ECTION 2. QUANTITY GENERATED  LUOM: 10 Density 12 3 (Same unit and density must be used for all quantities on this page).  Ruantity generated in: B. Previous reporting year: 121 5 5 0 0 0  C. Current reporting year: 121 2 5 5 0  C. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated reatment, recycling, or disposal units at this location? 12 Y = Yes (continue to system 1) N = No (skip to section 3)  On-Site System 1: System Type M Status Quantity managed on-site this year: 147  On-Site System 2: System Type M Status Quantity managed on-site this year: 167  On-Site System 2: System Type M Status Quantity managed on-site this year: 167  On-Site System 3: System Type M Status Quantity managed on-site this year: 177  On-Site System 2: System Type M Status Quantity managed on-site this year: 177  On-Site System 3: System Type M Status Quantity managed on-site this year: 177  On-Site System 3: System 1994  On-Site System 4: System 1994  On-Site System 5: System 1994  On-Site 1: Name and address of facility: 1885  E. Total quantity shipped in this reporting year: 1885  On-Site 2: Name and address of facility: 1885  On-Site 2: Name and address of facility: 1885  On-Site 3: System 1994  On-Site 3: System 1994  On-Site 4: On-Site 3: System 1994  On-Site 3: On-Si
ECTION 2. QUANTITY GENERATED  LUOM: / Density / 7.3 (Same unit and density must be used for all quantities on this page).  Ruantity generated in: B. Previous reporting year:  C. Current reporting year:  C. Current reporting year:  C. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated eatment, recycling, or disposal units at this location? / Y = Yes (continue to system 1) N = No (skip to section 3)  On-Site System 1: System Type M
C. Current reporting year:  1. 2. 2. 5. 0. 0.  C. Current reporting year:  1. 2. 5. 0. 0. 0.  C. Current reporting year:  1. 2. 5. 0. 0. 0.  C. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated reatment, recycling, or disposal units at this location?  On-Site System 1: System Type M.  On-Site System 1: System Type M.  Status  Quantity managed on-site this year:  To Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  Site 1. Name and address of facility:  To Do Site 2 (Skip to Section 4)  To Do Site 3 (Skip to Section 4)  To Do Site 4 (Skip to Section 5)  To Do Site 4 (Skip to Section 5)  To Do Site 4 (Skip to Section 5)  To Do Site 4 (Skip to Section 3)  To Do Site 4 (Skip to Section 3)  To Do Site 4 (Skip to Section 3)
C. Current reporting year:  C. Quantity MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated reatment, recycling, or disposal units at this location?  C. System 1: System Type M.  Status  Quantity managed on-site this year:  A. Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  A. Quantity managed on-site this year:  A. Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  A. Quantity managed on-site this year:  A. Quantity managed on-site this year:  A. Y = Yes (Continue to Site 1) N = No (Skip to Section 3)  A. Quantity managed on-site this year:  A. Quantity managed on-site this year:  A. Quantity managed on-site this year:  A. A. Quantity managed on-site this year:
C. Current reporting year:  O. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated reatment, recycling, or disposal units at this location?  On-Site System 1: System Type M  On-Site System 7: System Type M  On-Site System 7: System 7: Status  On-Site System 7: Status  On-Site System 7: System 7: Status  On-Site System 7: Status  On-Site System 7: Status  On-Site System 7: System 7: Status  On-Site System 7: System 7: Status  On-Site System 7: Status  On-Site System 7: System 7: Status  On-Site System 7: System 7: Status  On-Site Sys
QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated reatment, recycling, or disposal units at this location?  AT Y = Yes (continue to system 1) N = No (skip to section 3)  On-Site System 1: System Type M Status Quantity managed on-site this year:  On-Site System 2: System Type M Status Quantity managed on-site this year:  On-Site System 2: System Type M Status Quantity managed on-site this year:  On-Site System 2: System Type M Status Quantity managed on-site this year:  Type Quantity managed on-site this year:  Type Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  Such fill the down M Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  Type Status Quantity fill this reporting year:  Type Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  Type Status Quantity fill this reporting year:  Type Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  Type Status Quantity fill this reporting year:  Type Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility waste was shipped to:  Type Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility waste was shipped to:  Type Y = Yes (Continue to Site 1) N = No (Skip to Section 3)  Type Y = Yes (Continue to Site 1) N = No (Cont to Section 5)  Type Y = Yes (Continue to Site 1) N = No (Cont to Section 5)
On-Site System 1: System Type M Status Quantity managed on-site this year:  On-Site System 2: System Type M Status  On-Site System 2: System Type M Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Status  For Quantity managed on-site this year:  The Table of Table on Status  The Table on Status  For Quantity managed on-site this year:  The Table on Status  The Table on Table on Status  The Table on Tabl
Status Quantity managed on-site this year:  157  158  157  158  157  158  157  158  158
ECTION 3. OFF- SITE SHIPMENT  Was any of this waste shipped off site this reporting year?  Was any of this waste shipped off site this reporting year?  Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  Safety Hour Corp TIZ  Safety Hour Corp TIZ  B. U.S. EPA ID No. of facility waste was shipped to:  Waste was shipped to:  Waste waste was shipped to:  Waste wast
C. System type shipped to: MOGOD. Off-site availability code:  E. Total quantity shipped in this reporting year:  E. Total quantity waste was shipped to:  MOGODD 980963849  C. System type shipped to:  MOGODD D. Off-site availability code:  E. Total quantity shipped in this reporting year:  E. Total quantity shipped in this reporting year:  E. Did you engage in any waste minimization activities for this reporting year?  E. Total quantity shipped in this reporting year:  E. Did you engage in any waste minimization activities for this reporting year?  E. Y = Yes (Cont to Box B) N = No (Cont to Section 5)
E. Total quantity shipped in this reporting year:
E. Total quantity shipped in this reporting year:
C. System type shipped to:  MOGO  D. Off-site availability code:  E. Total quantity shipped in this reporting year:  217  EECTION 4. WASTE MINIMIZATION ACTIVITIES  Did you engage in any waste minimization activities for this reporting year?  217  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
C. System type shipped to:  MOGO  D. Off-site availability code:  E. Total quantity shipped in this reporting year:  217  EECTION 4. WASTE MINIMIZATION ACTIVITIES  Did you engage in any waste minimization activities for this reporting year?  217  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
C. System type shipped to:  MOGO  D. Off-site availability code:  E. Total quantity shipped in this reporting year:  217  EECTION 4. WASTE MINIMIZATION ACTIVITIES  Did you engage in any waste minimization activities for this reporting year?  217  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
E. Total quantity shipped in this reporting year:  ECTION 4. WASTE MINIMIZATION ACTIVITIES  L. Did you engage in any waste minimization activities for this reporting year?  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
L. Did you engage in any waste minimization activities for this reporting year? $\frac{\sqrt{Y}}{227}$ = Yes (Cont to Box B) N = No (Cont to Section 5)
421
72R 731 734 737 740 743 746
3. Activity: W , W , W , W , W , W , W , W , W , W
Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE
A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)  3. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: N Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 000 / 4

1L 62801

## ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Action of the control of the control

Form GM - Generation and Management

juctions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION  A. Waste Description: Weste Paint Related Material - Bronco + Vipen line Plush  B. EPA Hazardous Waste Code: FOOS DOOI FOO3 DO35
C. SIC code: $\frac{37/4}{31}$
D. Origin Code: 51 System type: M E. Source Code: AO 9 A 2 / A S
F. Point of Measurement: / G. Waste form code: B 2 0 9
H. Radioactive mixed: 2 I. TRI Constituent: 2.
H. Radioactive mixed: $\frac{2}{\pi}$ J. CAS numbers: 1. $\frac{28-93-3}{75}$ 2. $\frac{2}{75}$
4. 100 — — — 5. 108 — — — — — — — — — — — — — — — — — — —
SECTION 2. QUANTITY GENERATED  A. UOM:   Output  Density 17.   Output  Claim 2.   Output  Section 2. Quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year?  Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  LANDLAW ENVIRONMENTAL (SVC) (Secovery  SITE 1. Name and address of facility: 2024 BAYOU PLAQUENINE ROAD
SITE 1. Name and address of facility: 2024 BAYOU PLAQUENUSE ROAD
B. U.S. EPA ID No. of facility waste was shipped to: $\frac{CADO79464095}{173}$
C. System type shipped to: MOLO LOIF-site availability code: 189
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
P. LLS EDAID No. of facility upoto upo chipped to:
B. U.S. EPA ID No. of facility waste was shipped to:  C. System type shipped to:  M D. Off-site availability code:
212 216
217
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> . C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
Quantity stored at year end that was generated prior to this reporting year:  283  COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page

ILD 064 626 344 121 80200 . CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

1L 62801

# ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

Instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Methy Ethy Ketone-Sustem III Paint Grun Cleaning  B. EPA Hazardous Waste Code: 5005 001 0035 5003
C. SIC code: 3714
D. Origin Code: A / 9 A A
D. Origin Code: 155 System type: M E. Source Code: A 9 A A 65 Source Code: B 2 0 3
H. Radioactive mixed: 🔏 I. TRI Constituent: 💈
J. CAS numbers: 1
H. Radioactive mixed: 2 1. TRI Constituent: 3 1. TRI Constituent:
SECTION 2. QUANTITY GENERATED  A. UOM: / Density & . 8 o (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year: 5120.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
OF OTTOM A OFF OUT OUR HEAT
A. Was any of this waste shipped off site this reporting year? $Y = Yes$ (Continue to Site 1) $N = No$ (Skip to Section 4)  SITE 1. Name and address of facility: $3000 \text{ Lagrange Road}$ B. U.S. EPA ID No. of facility waste was shipped to: $\frac{KY}{173} \frac{D}{0} \frac{5}{3} \frac{3}{3} \frac{48}{9} \frac{9}{0} \frac{8}{0}$
B. U.S. EPA ID No. of facility waste was shipped to: $\frac{k r D o 5 3 3 48 / o 8}{173}$
C. System type shipped to: M/) (o / D. Off-site availability code: /
E. Total quantity shipped in this reporting year: 12/0.0
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility:   SITE 2. Name and address of facility:   SITE 3. Weste Management Services, From,   Fingsville, mo (0406)  B. U.S. EPA ID No. of facility waste was shipped to:  MOD980963849
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: MOOO D. Off-site availability code: 1  E. Total quantity shipped in this reporting year: 1760.0
217
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> <u>W</u> <u>W</u> <u>W</u>
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store PCPA wastes 90 days or more and then ship it off site (to site shows in Section 3)? (V=Vec N=Ne)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
273
COMMENTS: Lenter Y (Yes) if you have comments regarding this page and attach extra sheet. Page OO O 16

1L 62801

### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

uctions for this form found on pages 12-27.

ucuoris for this form found on pages 12 27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Methyl Ethyl Ketone - Sustent Point Gran Cheaning  B. EPA Hazardous Waste Code: Foot Doc Do35 Food 3 47
C. SIC code: 37/4
D. Origin Code: 51 / System type: M E. Source Code: A / 9 A A
H. Radioactive mixed: 2 1. TRI Constituent: 3
J. CAS numbers: 1. $18-93-32$ 3
F. Point of Measurement: 7  H. Radioactive mixed: 2  J. CAS numbers: 1. 78 - 93 - 3 2. 84 3. 92 3. 92 3. 92
SECTION 2. QUANTITY GENERATED
A. UOM: Density 6.80 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
A. Was any of this waste shipped off site this reporting year?   Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:   LAT LAW ENVIRON MENTAL (SVE) RECOVERY  2029 Beyon Plaquenine load  Rayne, LA 70578  B. U.S. EPA ID No. of facility waste was shipped to:   (A D O 7 9 4 6 4 0 9 5
C. System type shipped to: MO 6 1 D. Off-site availability code: /
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: $\frac{W}{228}$ , $\frac{W}{231}$ , $\frac{W}{234}$ , $\frac{W}{237}$ , $\frac{W}{240}$ , $\frac{W}{243}$ C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste?  (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index:  258  G. Source Reduction quantity due to new activities:  261
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 10.00.1.7

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CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA

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# ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM -- Generation and Management

instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste N-Buty   Acetak - System III Line Flush  B. EPA Hazardous Waste Code: Foo5 Do35 Foo35 Foo3 Do01 TI
C. SIC code: 3.7.1.4
D. Oddin Onder A. A. C. A.
F. Point of Measurement: G. Waste form code: B 2 0 3
H. Radioactive mixed: く I. TRI Constituent: グ
J. CAS numbers: 1. 78-93-3 2 3
F. Point of Measurement:  H. Radioactive mixed: 2
SECTION 2. QUANTITY GENERATED
A. UOM: / Density 77 Senerated  A. UOM: / Density 77 Senerated  A. UOM: / Density 717 Senerated  A. UOM: / Density 717 Senerated
Quantity generated in: B. Previous reporting year: 2365.0
C. Current reporting year: 2/5.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\mathcal{L}$ Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year?  Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  3700 (aghange Coad aghange Coad agh
SITE 1. Name and address of facility: 3700 / aghance food a
B. U.S. EPAID No. of facility waste was shipped to: 2000 6
C. System type shipped to: MOCAL D. Off-site availability code: 189
F. Total quantity shipped in this reporting year:
SITE 2 Name and address of facility: ESSEX WASTE MANAGEMENT SERVICES, FUC.
E. Total quantity shipped in this reporting year:  SITE 2. Name and address of facility:   SITE 2. Name and address of facility:   SITE 3. Name and address of facility:   SITE 4. Name and address of facility:   SITE 5. O  SITE 5. O  SITE 7. Name and address of facility:   SITE 6. Name and address of facility:   SITE 7. Name and address of facility:   SITE 8. Name and address of facility:   SITE 9. Name
C. System type shipped to: MOGO D. Off-site availability code:
E. Total quantity shipped in this reporting year:
217
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> <u>W</u> <u>W</u>
B. Activity: W , W , W , W , W , W , W , W , 237    D. How many new waste minimization activities were implemented in this reporting year for this waste? (Y = Yes, N = No) (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities: 261
258 SECTION 5. REGULATED STORAGE
A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: $N = \frac{283}{293}$ Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page $N = \frac{283}{13}$

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### **ILLINOIS Environmental Protection Agency** 1996 Hazardous Waste Report

Form GM - Generation and Management

Instructions for this form found on pages 12-27

instructions for this form found on pages 12-21.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste N-Bury Acetale - System III Line Flush  B. EPA Hazardous Waste Code: Foo5 Do 35 Do 35 DO 01
C. SIC code: $3714$
D. Origin Code: / System type: M E. Source Code: A Q 4 A Q A
F. Point of Measurement: / G. Waste form code: R 203
H. Radioactive mixed: 4
1 CAS numbers: 1 18-93-32
J. CAS numbers: 1. 74
A. UOM: / Density / S. O (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location?  Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year?  Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility:  2022
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u>
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0 0 1 9

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### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report

Form GM – Generation and Management

actions for this form found on pages 12-27.

SECTION 1. WASTE DESCRIPTION  A. Waste Description:  B. EPA Hazardous Waste Code:   D. O. O. I. F. O. D. 3. F. O. D. 5.  A. Waste Description:  A. Waste Descrip
c. SIC code: 37/4
D. Origin Code: / System type: M E. Source Code: A 58 A 2 / A
F. Point of Measurement: $\frac{2}{100}$ G. Waste form code: $\frac{8}{100} = \frac{20}{100} = \frac{20}{100}$
H. Radioactive mixed: 2
J. CAS numbers: 1. $\frac{7}{75} = \frac{93}{3} - \frac{3}{2} = \frac{3}{5} = 3$
4. 100———————————————————————————————————
SECTION 2. QUANTITY GENERATED  A. UOM:  Density 2.94 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year: $\underline{\underline{\mathcal{U}}}$ .
C. Current reporting year: 1311325.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year?  Y = Yes (Continue to Site 1) N = No (Skip to Section 4)
SITE 1. Name and address of facility: 2029 BAYOU PLACUENCE ROAD  PAYOR LA TOSTB  PAYOR LA TOSTB
B. U.S. EPA ID No. of facility waste was shipped to: 40079464095
C. System type shipped to: MOG D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?  B. Activity: W, W
B. Activity: W, W, W, W, W, W C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
Quantity stored at year end that was generated prior to this reporting year:  COMMENTS: VEnter Y (Yes) if you have comments regarding this page and attach extra sheet. Page QQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQQ

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### **ILLINOIS Environmental Protection Agency** 1996 Hazardous Waste Report Form GM -- Generation and Management

Astructions for this form found on pages 12-21.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Waste Resin Solution - Resin + Sand-Pit Cleaning Resin + B. EPA Hazardous Waste Code: Do O 1 35 35 39 43 43 47 47 47
C. SIC code: $37/4$
D. Origin Code: System type: M E. Source Code: A 59 A 53 A E
H. Radioactive mixed: 2
J. CAS numbers: 1
F. Point of Measurement: 6  H. Radioactive mixed: 6  J. CAS numbers: 1. 75
SECTION 2. QUANTITY GENERATED  A. UOM: / Density / 4./4 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
Quantity generated in: B. Previous reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: 2029, BOYOU PLAGUENT WE ROOM
B. U.S. EPA ID No. of facility waste was shipped to: 40079464095
C. System two chipped to: M. (2 (2 / D. Off site qualifyility code: /
C. System type shipped to: M O O D. Off-site availability code: 189  E. Total quantity shipped in this reporting year: 220.0
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u>
B. Activity: W, W, W, W, W, W, W C. Other Effects? (Y = Yes, N = No)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index:  G. Source Reduction quantity due to new activities:  258  G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)  B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
273 — — — — — —
Quantity stored at year end that was generated prior to this reporting year:  COMMENTS: Lenter Y (Yes) if you have comments regarding this page and attach extra sheet. Page OOO A

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### ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM — Generation and Management

instructions for this form found on pages 12-27.

instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Chromic Heid & Oil Dry - Die Shop Spill  B. EPA Hazardous Waste Code: 2007  35 39 43 47 47
C. SIC code: $\frac{37}{51}$
D. Origin Code: $\frac{1}{56}$ System type: $\frac{M}{56}$ E. Source Code: $\frac{A}{63}$ $\frac{5}{63}$ $\frac{A}{63}$ $\frac{9}{63}$ $\frac{2}{63}$
F. Point of Measurement: $\frac{1}{100}$ G. Waste form code: $\frac{1}{100}$ $\frac{1}{100}$ G. Waste form code: $\frac{1}{100}$
H. Radioactive mixed: 2 1. TRI Constituent: 3 1. TRI Constituent: 3 2. 3. 32 2. 3. 32 32 32 32 32 32 32 32 32 32 32 32 32
J. CAS numbers: 1
4. 100———————————————————————————————————
SECTION 2. QUANTITY GENERATED
A. UOM: / Density 5.18 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year: 121 165.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\frac{\checkmark}{141}$ Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 2 OFF SITE SUIDMENT
A. Was any of this waste shipped off site this reporting year? \( \text{Y} = \text{Y} = \text{Y} = \text{(Continue to Site 1) N = No (Skip to Section 4)} \\ \( \text{As Now For Site 1} \) \( \text{As Now For Site 1} \) \( \text{As Now For Site 1} \) \( \text{N = Covercy } \)
A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: 2629 BAYOU PLAQUEMINE TOAL  RAYNE, LA 70578
B. U.S. EPA ID No. of facility waste was shipped to: 40079464695
C. System type shipped to: M. Off-site availability code: 4
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
OF OTION A MAGNE HIMINITATION AOTRATICO
A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: W , W , W , W , W , W C. Other Effects? (Y = Yes, N = No)
B. Activity: W , W , W , W , W , W , W C. Other Effects? (Y = Yes, N = No)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index:  G. Source Reduction quantity due to new activities:  258  G. Source Reduction quantity due to new activities:  261
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: $\underbrace{V}_{293}$ Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page $\underbrace{O}_{13}$

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ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM -- Generation and Management

instructions for this form found on pages 12-27.

instructions for this form found on pages 12 21.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: In-Mold Coating Waste - Scrap Coating (Solidified)  B. EPA Hazardous Waste Code: POLB 35 39 43 47
D. Origin Code: System type: M E. Source Code: AD 4 A 2 / A
F. Point of Measurement: 403
H. Radioactive mixed: 2
F. Point of Measurement:  H. Radioactive mixed:  J. CAS numbers: 1.  J. CAS numbers: 1
4. 100 — — — 5. 108 — — — — —
SECTION 2. QUANTITY GENERATED  A. UOM: To Density 17 0.25 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year: 605.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\frac{1}{121}$ Y = Yes (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
CECTION 2 OFF SITE SUIDMENT
A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: And Survey Environment (Svc) Recoverer  2029 Bayou Plaguenine Road  Round LA 7050R
B. U.S. EPA ID No. of facility waste was shipped to: 4 PD 0 79464095
C. System type shipped to: MOGOLD. Off-site availability code: 189
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year?  Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> <u>W</u> <u>W</u> <u>W</u> C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste?  (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index:  G. Source Reduction quantity due to new activities:  258  G. Source Reduction quantity due to new activities:  261
A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)  B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
2/3
Quantity stored at year end that was generated prior to this reporting year:  COMMENTS: Lenter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 0 0 0 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5

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## **ILLINOIS Environmental Protection Agency** 1996 Hazardous Waste Report

Form GM -- Generation and Management

tions for this form found

instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description:  Lab Pack (July) Flammables Corrosives  B. EPA Hazardous Waste Code: 4 A B P  35 - 35 - 35 - 35 - 35 - 35 - 35 - 35
C. SIC code: $\frac{37}{4}$
D. Origin Code: 1 System type: M E. Source Code: A94 A57 A58
F. Point of Measurement: / G. Waste form code: B O O 3
H. Radioactive mixed: $\frac{1}{\sqrt{2}}$ I. TRI Constituent: $\frac{2}{\sqrt{2}}$
1. National 1
J. CAS numbers: 1. 74  J. CAS numbers: 1. 76  4. 700  70  70  70  70  70  70  70  70  70
4. 100 5. 108
SECTION 2. QUANTITY GENERATED  A. UOM:     Density   S . O G   (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:  C. Current reporting year:  121
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\bigvee_{141} Y = Yes$ (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year? Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  SITE 1. Name and address of facility: Landau Euri Foundarian Services (TS), Fuc.  SITE 1. Name and address of facility: Landau Euri Foundarian Services (TS), Fuc.  SITE 1. Name and address of facility: Landau Euri Foundation Full Services (TS), Fuc.  SITE 1. Name and address of facility waste was shipped to:  TILD C. D. O. (6.45.7.7.0)
B. U.S. EPA ID No. of facility waste was shipped to: 70 000645770
C. System type shipped to: M / 4/ D. Off-site availability code: 189
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:  E. Total quantity shipped in this reporting year:
211
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: $\frac{W}{228}$ , $\frac{W}{231}$ , $\frac{W}{234}$ , $\frac{W}{237}$ , $\frac{W}{240}$ , $\frac{W}{243}$ C. Other Effects? (Y = Yes, N = No)
B. Activity: W, W, W, W, W, W, W C. Other Effects? (Y = Yes, N = No)  D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities: 258
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
Quantity stored at year end that was generated prior to this reporting year:  COMMENTS: Lenter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 00028

ILD 064 626 344 121 80200 1 CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA IL 62801

ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM -- Generation and Management

instructions for this form found on pages 12-27.

instituctions for this form found on pages 12-21.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: LAB PACK (October) Flammables, Toxics, Corrosives  B. EPA Hazardous Waste Code: LABP 35 39 43 43 47 47
C. SIC code: $\frac{3714}{5100}$
D. Origin Code: 51 System type: M E. Source Code: A 9 4 A 5 7 A 5 B
F. Point of Measurement: 4 G. Waste form code: B 003
H. Radioactive mixed: 矣 1. TRI Constituent: 🔫 1.
J. CAS numbers: 1
H. Radioactive mixed: 4. I. TRI Constituent: 7.
SECTION 2. QUANTITY GENERATED  A. UOM: / Density B. OO (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
Quantity generated in: B. Previous reporting year:
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\bigvee_{141} Y = Yes$ (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year?  Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  LAIDANU ENVIRONMENTAL SERVICES (TS) TWO.  SITE 1. Name and address of facility: 28/5 OLD GREEN BRIER PIKE  GREEN BRIER, TW 37073 - 45/4  B. U.S. EPA ID No. of facility waste was shipped to: Trope of the state of the s
B. U.S. EPA ID No. of facility waste was shipped to: The DODOG 45770
C. System type shipped to: $\frac{M}{185} / \mathcal{L} / D$ . Off-site availability code: $\frac{1}{189}$
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:
E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> , <u>W</u> . C. Other Effects? (Y = Yes, N = No)
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities:
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)  P. Did this site store RCRA wastes on site for more than 90 days but waste is in storage at year and: (y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
Quantity stored at year end that was generated prior to this reporting year:
COMMENTS: N Enter V (Vest) if you have comments regarding this page and attach extra sheet. Page (2, 0, 0, 2, 5)

ILD 064 626 344 121 80200 1 CAMBRIDGE IND INC 2400 S WABASH AVE CENTRALIA IL 62801

ILLINOIS Environmental Protection Agency 1996 Hazardous Waste Report Form GM — Generation and Management

Instructions for this form found on pages 12-27.
SECTION 1. WASTE DESCRIPTION  A. Waste Description: Lab Pack (October) Solids  B. EPA Hazardous Waste Code: \$001
C. SIC code: $3214$
D. Origin Code: 57 System type: M E. Source Code: A 7 4 5 5 A 5 8
F. Point of Measurement: 6. Waste form code: B 0 0 3
H. Radioactive mixed: 2
J. CAS numbers: 1
J. CAS numbers: 1. 75  4. 100 5. 108
SECTION 2. QUANTITY GENERATED  A. UOM: 3 Density 3.65 (Same unit and density must be used for all quantities on this page).
Quantity generated in: B. Previous reporting year:
C. Current reporting year: 400.0
D. QUANTITY MANAGED ON-SITE: Did this location manage some or all of this waste in exempt or regulated treatment, recycling, or disposal units at this location? $\bigvee_{141}^{131} Y = Yes$ (continue to system 1) N = No (skip to section 3)
On-Site System 1: System Type M Status Quantity managed on-site this year:
On-Site System 2: System Type M Status Quantity managed on-site this year:
SECTION 3. OFF- SITE SHIPMENT  A. Was any of this waste shipped off site this reporting year?  Y = Yes (Continue to Site 1) N = No (Skip to Section 4)  LANDAN GUILLON SERVICESCTS FIXE  SITE 1. Name and address of facility:  ABIS OLD GREEN BUSE PIKE  GREENBASE TH 37073-4574  B. U.S. EPA ID No. of facility waste was shipped to:  TO DO O 6 45770
B. U.S. EPA ID No. of facility waste was snipped to:
C. System type shipped to: M / 4/D. Off-site availability code: 189
E. Total quantity shipped in this reporting year:
SITE 2. Name and address of facility:
B. U.S. EPA ID No. of facility waste was shipped to:
C. System type shipped to: M D. Off-site availability code:  E. Total quantity shipped in this reporting year:
SECTION 4. WASTE MINIMIZATION ACTIVITIES  A. Did you engage in any waste minimization activities for this reporting year? Y = Yes (Cont to Box B) N = No (Cont to Section 5)
B. Activity: <u>W</u>
D. How many new waste minimization activities were implemented in this reporting year for this waste? (Number)
E. Quantity recycled in reporting year due to new activities:
F. Activity/Production index: G. Source Reduction quantity due to new activities: 6.
SECTION 5. REGULATED STORAGE  A. Did this site store RCRA wastes 90 days or more and then ship it off-site (to site shown in Section 3)? (Y=Yes, N=No)
B. Did this site store RCRA wastes on-site for more than 90 days but waste is in storage at year end: (y=Yes, N=No)
Quantity stored at year end and for 90 days or more, generated this reporting year:
2/3
COMMENTS: Lenter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 200 2 2
COMMEN 15: 12 Enter Y (Yes) if you have comments regarding this page and attach extra sheet. Page 20 0 2 2 293

LD 064 626 344	121	80200	11
AMBRIDGE IND INC 400 S WABASH AVE ENTRALIA		IL 2801	

# **ILLINOIS Environmental Protection Agency** 1996 Hazardous Waste Report

Form TI -- Transporter Identification

Instructions for this form found on page 28.

1	U.S. EPA ID No. <u>ILD 984908202</u> Illinois Special Waste Hauling Permit No.	
		127
	Transporter Name and Address: Safety Kleen Corp. 500 W. Anthony Drive Vebana, IL (01801	
	Vebana, IL (61801	
2.	U.S. EPA ID No. WID980904742 Illinois Special Waste Hauling Permit No.	
	Sahnaiden Tank Lines	131
	JULY STACKERITOR	
	GREENDAY, WISCONSIN 54306	
3.	U.S. EPA ID No. I 2 D O O 6 4 9 3 1 9 1 Illinois Special Waste Hauling Permit No.	
-		135
	Transporter Name and Address: SCHIBER TRUCK Co, INC. 17015. Delmar	
	P.O. Box 68 Hartford IL 62048	
4.	U.S. EPA ID No. <u>ILDO498/2692</u> Illinois Special Waste Hauling Permit No.	<u></u>
	Tanklines Inc.	139
	15022 Airline Highway	
	Transporter Name and Address: Montgamery Tankhines, Inc. 15022 Airline Highway Prairieville, LA 70769	
5.	U.S. EPA ID No. m o D o 9 5 o 3 8 9 9 8 Illinois Special Waste Hauling Permit No.	
	Transporter Name and Address: Tri-State Motor Transit Co.	143
	2. / DIRECT	
	Joplin, Missouri 64801	
6.	U.S. EPA ID No. m DD 98 0 55 4653 Illinois Special Waste Hauling Permit No.	
	Transporter Name and Address: Laidlaw Environmental Services (TS) Fuc.	147
	and order priesting	
	GREENBrief, TN 37073-4514	
7.	U.S. EPA ID No Illinois Special Waste Hauling Permit No.	
	103	151
	Transporter Name and Address:	
	•	
8.	U.S. EPA ID No Illinois Special Waste Hauling Permit No.	
	115	155
	Transporter Name and Address:	